NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE ÖLIFF & BERRIDGE, PLC Attorney Docket No.: 118260 EO. Box 19928 Riexandria, Virginia 22320 Date: January 8, 2004 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 **MAIL STOP PATENT APPLICATION** Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application OPTICAL ELEMENT AND METHOD FOR PRODUCING THE OPTICAL ELEMENT Jun KAWAHARA, Masahiro MORIYAMA, Ryojiro AKASHI By (Inventors): 冈 Formal drawings (Figs. 1-3; 3 sheets) are attached. for front page of Publication. Use Figure A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to FUJI XEROX CO., LTD. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2003-167426 filed June 12, 2003 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application(s) is filed herewith.

This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing. \boxtimes The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF OTHER THAN A ANY PRELIMINARY AMENDMENT NOTED ABOVE **SMALL ENTITY SMALL ENTITY** FOR: NO. FILED NO. EXTRA R BASIC FEE R **TOTAL CLAIMS** 7* R 27 - 20INDEP CLAIMS 4 - 3 R MULTIPLE DEPENDENT CLAIMS PRESENTED

*	If the	differe	nce is less	than zero.	enter "0".

RATE	FEE	OR.
L.	\$ 385	<u>OR</u>
x 9=	\$	<u>OR</u>
x 43 =	\$	<u>OR</u>
+ 145 =	\$	<u>OR</u>

\$

OR

RATE	FEE	
	\$ 770	
x 18	\$ 126	
x 86	\$ 86	
+ 290	\$	
TOTAL	\$ 982	

Check No. 149955 in the amount of \$982.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

TOTAL

James A. Oliff Registration No. 27,075

Thomas J. Pardini Registration No. 30,411

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